



# APPLICATION FOR MINIMAL ACTIVITY LICENSE

The minimal activity license is available to entities whose annual gross sales will be as much as \$3,000 but not more than \$9,999.99. A New minimal activity license must be obtained each year in which the taxpayer qualifies. The yearly license fee is \$15 and must be paid to the business tax official issuing the license. The minimal activity license does not require an annual business tax return. Persons whose annual gross receipts are \$10,000 or more must obtain a regular business license in the appropriate business classification.

<b>1. Indicate the Classification into Which Your Business Activity Falls. Classification is Determined by the Dominant Business Activity. Indicate Only One Classification.</b> <input type="checkbox"/> Classification 1A <input type="checkbox"/> Classification 1C <input type="checkbox"/> Classification 1E <input type="checkbox"/> Classification 3 <input type="checkbox"/> Classification 1B <input type="checkbox"/> Classification 1D <input type="checkbox"/> Classification 2 <input type="checkbox"/> Classification 4				<b>Fiscal Year Ending Month</b> _____	<b>Has Information changed since previous year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Reason for Application:</b> <input type="checkbox"/> 1. New business <input type="checkbox"/> 2. Additional location <input type="checkbox"/> 3. Renewal		<b>For Renewals, enter local and state account nos.</b> _____		<b>3. Date Business Began at This Location:</b> _____	
<b>4. Business Name and Exact Location</b> BUSINESS NAME _____ STREET OR HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) _____ APARTMENT OR SUITE NUMBER (DO NOT ENTER P.O. BOX OR RURAL ROUTE NUMBER) _____ CITY _____ STATE _____ ZIP CODE _____			<b>5. Business Mailing Address</b> NAME (ENTER LEGAL NAME, IF DIFFERENT) _____ P.O. BOX, STREET, ROUTE, OR HIGHWAY _____ APARTMENT OR SUITE NUMBER _____ CITY _____ STATE _____ ZIP CODE _____		
<b>6. County/City in Which Business is Located</b> _____		<b>7. Business Telephone Number</b> (    ) _____ <b>Business Fax Number</b> (    ) _____		<b>8. Contact Person's Name</b> _____ <b>Contact E-Mail Address</b> _____	
<b>9. Enter Entity's Federal Employer Identification #</b> _____				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Required	
<b>10. Current Sales Tax Number for Business Location</b> _____				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Required	
<b>11. Type of Ownership (Select One):</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint (Couple) <input type="checkbox"/> Corporation - Sub S <input type="checkbox"/> LP <input type="checkbox"/> Gen Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP					<b>12. TN Secretary of State ID #, If Applicable</b> _____
<b>13. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD:</b> _____					
<b>14. IDENTIFY OFFICERS, PARTNERS, OR INDIVIDUAL OR COMPANY OWNERS (SEE INSTRUCTIONS)</b>					
<b>(1) NAME</b> _____		<b>HOME TELEPHONE #</b> _____		<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> OWNER'S FEDERAL EIN _____	
<b>HOME ADDRESS (DO NOT USE P.O. BOX #)</b> _____		<b>CITY</b> _____		<b>STATE</b> _____	
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder					
<b>(2) NAME</b> _____		<b>HOME TELEPHONE #</b> _____		<input type="checkbox"/> SOCIAL SECURITY # <input type="checkbox"/> OWNER'S FEDERAL EIN _____	
<b>HOME ADDRESS (DO NOT USE P.O. BOX #)</b> _____		<b>CITY</b> _____		<b>STATE</b> _____	
<input type="checkbox"/> Member <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Owner - Individual <input type="checkbox"/> Owner - Company <input type="checkbox"/> Shareholder					
<b>15. The statements made on this application are true to the best of my knowledge and belief. (This application must be signed by the individual owner, a partner, or an officer of the corporation. The signatory must also be listed in Item 14. I attest that my annual gross receipts for the period will be or have been no more than \$10,000.</b>  <b>SIGN HERE:</b> _____ _____ _____ _____				<b>FOR OFFICIAL USE ONLY</b>  <b>Amount Due: \$15.</b>  <b>Copy of Photo ID Required</b>	

**APPLICATION FOR MINIMAL ACTIVITY  
LICENSE INSTRUCTIONS**

1. Select the classification under which your dominant business activity falls. "Dominant business activity" means the business activity that is the major and principal source of taxable gross sales of the business. If you need assistance in determining the appropriate business tax classification, please ask your county clerk or the designated city business tax official.

Enter the month on which the taxpayer's fiscal year ends. Also indicate whether any information has changed since the previous year's Minimal Activity License application was submitted.

**Entities with less than \$10,000 in annual gross receipts may register either for a "Minimal Activity License" or for a standard business license in the appropriate classification. Minimal Activity Licenses are valid for only the year selected. Each year in which the taxpayer will have less than \$10,000 in annual gross receipts, a new Minimal Activity License must be obtained.**

2. Select the reason for which the application is being filed - new business, additional location, or renewal of an existing minimal activity license. If renewing a minimal activity license, enter the local and state business tax account numbers for the entity.
3. Enter the date on which the applicant began or will begin conducting business activities at the location for which registration is being made.
4. Enter the name and exact location address of the business being registered. Include the business name, street address, city, state, and zip code.
5. Enter the mailing address of the business being registered. Enter the legal name (if different from location name), street address or post office box number, city, state, and zip code. **If the legal name and mailing address are identical to the information in Item 4, leave Item 5 blank.**
6. Enter the name of the county in which the business is located. Indicate whether the business is located within the limits of a city in the county. If the business is located within the limits of a city, enter the name of the city. **Note: A business located within the limits of a city may have a business tax obligation for both the county and the city. If so, the business must obtain a business license from both the county and the city.**
7. Enter the telephone number and, if applicable, the fax number of the business being registered.
8. Enter the name of a contact person for the business being registered. Enter the contact person's email address.
9. Enter the Federal Employer's Identification Number (FEIN) of the business being registered. If the business has applied for but not received an FEIN, so indicate. If no FEIN is required, so indicate.
10. If the business being registered currently has a sales and use tax account with the Tennessee Department of Revenue, enter the sales and use tax account number. If the business has applied for but not received a sales and use tax account number, so indicate. If no sales or use tax account number is required, so indicate.
11. Select the legal structure type of the business being registered.
12. Enter the Tennessee Secretary of State identification number of the business being registered, if applicable.
13. Enter a description of the business activities being performed by the business at the location being registered. Indicate the main products and services sold at this business location. Please be as detailed as possible.
14. Enter the names, home addresses, and home telephone numbers of two owners, officers, or partners in the business being registered. **If the owner is an individual, enter the owner's social security number and check the appropriate box.** If the owner is a business entity, enter the owner's FEIN and check the appropriate box. Finally, check the box to indicate whether the person is an individual or business entity owner, partner, officer, or member. This information is critical. It will allow us to identify persons with whom we may discuss the business tax account when needed.
15. The application must be signed by an individual owner, partner, or officer of the business being registered. The person who signs the application must be listed in Item 14 on the application form. Indicate the title of the person signing the application (i.e., owner, partner, officer) and the date on which the application is signed. **The signer must attest that the total gross receipts will be or have been no more than \$10,000 for the licensing period.**